

DRAFT MINUTES
of the Third Meeting of the
Music Therapy Technical Review Committee
March 16, 2021
1:00 p.m. to 4:00 p.m.
(This meeting was a webex meeting)

Members on the call

Shane Fleming, BSN, MSN, RN
Jennifer Dreibelbis
Kenneth Kester, PharmD, JD
Susan Meyerle, LIMHP
Stephen M. Peters, BA, MA
Marcy Wyrens, RRT

Staff persons on the call

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Chairperson Fleming called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. Mr. Fleming welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the third meeting and the minutes of the second meeting.

II. Questions About, and Discussion on, the Proposal

Committee member Peters submitted a list of questions for the applicant group to be included in these minutes but also requested that these and other questions also be posted on the credentialing review program link:

Question One: Pertinent to the standard of care document:

- Are there standard assessment tools or is each certified therapist reliable for their own assessments?
- What is the assessment process?
- How reliable are the assessments?
- Once an assessment is complete is the next step a treatment plan?

Question Two: also pertinent to the standard of care document:

- Is this document the standard of care that all therapists must use or is it only a guideline?
- Do therapists develop their own treatment plans?
- How is treatment progress for a given patient measured?

Question Three:

- Assuming that a standardized plan exists could ANYONE use follow this plan it?
- If assessments are generally available could ANYONE use the assessment tools? If the scope of care is available to all could ANYONE incorporate this?
- If the scope of care is widely interpreted and open for adjustment by therapists couldn't ANYONE do that?

Tyanne Mischnick speaking on behalf of the applicant group began the applicants' response to

these questions by commenting on the first sub-point under question number one, above. She stated that some assessment tools used by music therapists are standardized, some are not. Nicole Jacobs also speaking on behalf of the applicant group commented that some assessment tools used by music therapists are also commonly used by other professionals such as speech and language pathologists, for example. Sometimes these professionals will utilize some assessment tools typically utilized by music therapists, for example.

Mr. Peters asked the applicants how they know that their assessment tools are reliable and that they measure what they want them to measure. Nicole Jacobs replied by stating that assessment tools in music therapy are used to determine what a patient's behavioral needs are so as to devise an appropriate treatment regimen.

Mr. Peters asked the applicants how an action plan comes into being in music therapy. An applicant representative responded to this question by stating that action plans vary from one case to another and are reflective of the unique behavioral problems and circumstances each patient is experiencing. There are no standardized action / treatment plans per se due to the great variability of contractual pre-conditions associated with the provision of services as well great variability in the nature of the team of providers engaged in the provision of such services and the great variability of specific behavioral problems of the patients / clients who need the services in question.

Mr. Fleming asked the applicants if music therapists ever deliver services in the context of a facility such as a hospital, for example. Nicole Jacobs responded by stating that she has worked with acute care patients at Bryan West and that about seventy-five percent of her work is facility based whether this be at hospice or nursing home facilities. Some of this work is paid for by Grant money.

Tyanne Mischnick stated that some music therapists work in school settings in Omaha, and that they work under contract. She went on to state that some music therapists work under contract as "recreational therapists" and their services are paid for under this moniker according to that respective CPT code.

Mr. Peters asked the applicants to discuss Masters Degree versus Bachelors Degree programs in music therapy focusing on the development of clinical competencies. Nicole Jacobs replied that there are Masters-level and Bachelors-level programs in music therapy at the University of Nebraska, adding that the clinical components under these programs are the same. Those who would seek to become eligible for licensure would need to achieve a grade of at least a "B" in each of the required clinical courses offered under these programs in order to qualify. Ms. Jacobs went on to state that clinical components are included in many, if not most, of the courses offered in music therapy programs, and that as much as eighty-five percent of music therapy courses include vital clinical components. Ms. Jacobs went on to state that music therapy students are closely monitored and that there are required internships, adding that these are some of the ways "rigor" is incorporated into music therapy education and training.

One committee member asked the applicants if licensing music therapists could result in restricting other professional's right to utilize music in their therapies. One applicant representative responded by stating that as long as someone is credentialed and providing services consistent with their scope of practice the applicant group would have no concern about them using music as a component of their treatment regimen for their patients.

Mr. Peters asked the applicants to discuss how team-based treatment plans are carried out and how team members from different professional backgrounds cooperate to provide services. How much autonomy does a music therapist have to carry out the things they are trained to do in circumstances wherein they are part of a team consisting of persons with different professional backgrounds, for example? Mr. Peters asked the applicants how much autonomy a given music therapist would have when they are providing services under contract for a facility wherein they would be providing these services under a medical director, for example? One applicant representative stated that how music therapists would function under such team-oriented scenarios varies from case-to-case and from one circumstance to another, but added that there are certain things that a music therapist must do under all cases and circumstances and that these include following specific practice standards as they are trained to do inclusive of taking very detailed notes to document every aspect of a patient's behavioral problem and the context within which this problem has occurred.

One committee member asked the applicants how they plan to have the State of Nebraska administer their licensure program if it were to pass. One applicant representative responded by stating that the applicant group does not want to incur the costs of an independent administrative board and that they would rather become part of an existing board, but added that at this time they are not yet ready to say which board that might be. One committee member commented that music therapists might consider becoming part of the Board of Physical Therapy.

Mr. Peters asked the applicants if licensing music therapists would hold much meaning for their clients / patients, or, would this achievement only mean something to the practitioners themselves? Would clients / patients experience tangible benefits from the passage of the current music therapy proposal? Another committee member asked the applicants if there is any evidence from other states that have passed similar proposals that such proposals have actually provided protection from unqualified practice. One applicant representative responded by citing examples of I-pod programs and videos that claim to provide music therapy simply by viewing these programs on-line. Jennifer Dreibelbis commented that the proposal by defining what music therapy is and is not would, per se, be providing some benefit for the public health and welfare.

III. Public Comments

There were no additional public comments at this time.

IV. Other Business and Adjournment

Program staff reminded attendees that the next meeting of the Music Therapy TRC will be the public hearing. Program staff will soon be contacting committee members via another "doodle poll" to ascertain a date and time when all members can attend the public hearing. There being no further business the committee members unanimously agreed to adjourn the meeting at 2:50 p.m.